

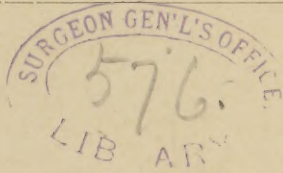
WENDE (G. W.)

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TINEA FAVOSA EPIDERMIDIS.

BY

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AN INTERESTING CASE OF TINEA FAVOSA EPIDERMIDIS.\*

By GROVER WILLIAM WENDE, M. D.,  
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THE subject of tinea favosa has specially interested me by reason of statements frequently made that in this country, where wholesome sanitary conditions among the poorer classes are most easily secured, the disease is of rare occurrence.

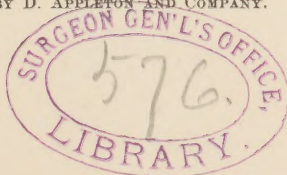
We are authoritatively told that the subjects of this disease are mostly children of the lowly, devoid of habits of cleanliness and living without regard to order, who dwell in an environment contaminated by every kind of filth and surrounded by floating organisms, associated with the decomposition and decay of organic matter. We are also told that such unfavorable hygienic conditions not infrequently exist in Poland, Hungary, Scotland, Ireland, Germany, Turkey, Egypt, Algiers, and Morocco, where favus is a common and a formidable malady; that it is exceptional to encounter it in one of American birth; that here at home it is one of the rarest skin diseases.

According to the reports of the American Dermatological Association from 1877 to 1892, there were placed upon record 707 cases of favus out of 205,328 cases of diseases of the skin.

These observations and records, all things considered, are not in accord with our experience in Buffalo. That favus is most often seen among the poor and filthy we freely admit, but the assertion of its greatest prevalence among foreigners we are inclined to question.

This judgment is based upon the following cases which were seen at the Fitch Provident and University Dispensaries and there

\* Case presented before the American Orthopædic Association and the Buffalo Academy of Medicine.





treated by my brother, Dr. Ernest Wende, and myself, his numbering 15 and mine 14, making a total of 29, of which cases 22 originated in the United States, 21 being American born. Although Buffalo has an unusually large mixed foreign population, composed of persons who are in the habit of visiting dispensaries for treatment, the number of cases seen among them is few. The following detailed list, giving name and birthplace of patient, is taken from the records in the possession of my brother, with some little commentary of my own:

1. Mrs. Clara Elliot, aged thirty-two years, born in Lancaster, N. Y., has had this disease ever since she was two years old.

2. Robert A. Elliot, aged nine years, born in Buffalo, N. Y., first affected at five years.

3. Albert Elliot, aged seven years, born in Buffalo, N. Y., first attacked at seven months.

4. Frank Elliot, aged five years, born in Buffalo, N. Y., first observed at eighteen months.

(Robert, Albert, and Frank are the sons of Mrs. Clara Elliot. Both their parents and grandparents were born in this country.)

5. George E. E. Pietz, aged five years, born in Buffalo, N. Y., disease began when six months old.

6. Charles E. Pietz, aged four years, born in Buffalo, N. Y., disease showed itself when four months old.

7. William H. Pietz, aged three years, Buffalo, N. Y., disease originated when about sixteen months old.

(The parents and grandparents of these three lads were born in this country.)

8. Charles H. Ahr, twenty-four years of age, born in Buffalo, N. Y.

9. Edward Ahr, aged twenty-two, born in Buffalo. (Both these young men have had the disease from infancy. Parents born in Germany.)

10. Eugene Persons, aged fourteen years, born in Bowmansville, N. Y., has had the disease since early childhood. Parents and grandparents American born.

11. Henry Wakefield, aged eleven years, born in England, but contracted the disease in the United States.

- 12 and 13. Jacob and Rosa Lubensohn, aged respectively ten and five years, born in Poland, disease imported.

14. Kate Hasse, aged four years, born in Poland, disease imported.

15. Bootblack, who was presented before a medical society some years ago by Dr. Hayd, is undoubtedly an American. Having lost his parents at an early age, was ignorant of his birth and age, but, judging from his appearance and familiarity with local slang, he unquestionably belonged to the United States.

Those which have come under my personal observation may be briefly stated as follows:

1. Abraham Morris, aged eight years, born in Buffalo, N. Y., the disease existing for the past five years.

2. W. Corkhurt, aged ten years, born in Buffalo, N. Y., disease from infancy.

3. Jennie Sakouski, aged eighteen years, born in Italy, disease present from the age of five years.

4. George Sckahen, aged seven years, born in Poland, always had the disease.

5. W. H. Craig, aged twelve years, born in Buffalo, N. Y., disease for four years.

6. Martin Lautz, Jr., aged nine years, born in Buffalo, N. Y., disease present since the age of seven years.

7. Jacob Vinsey, Erie County Hospital, aged eleven years, born in the United States, has always had the disease.

8. Marvin Marks, aged fifteen years, Buffalo, N. Y., disease present since the age of five years.

9 and 10. Rose and Jennie Barro, aged five and seven years, Buffalo, N. Y., disease dates from early childhood.

11. George Rule, aged sixteen years, Buffalo, N. Y., disease for the past twelve years.

12. Frank Toneasellac, aged twenty-two years, Italy, had the disease when he emigrated to this country about thirteen years ago.

13. Leonard Appicella, aged nineteen years, Italy, disease since the age of four, coming to this country the year following.

Another evidence of the prevalence of favus in this country is the frequency with which it occurs in our domesticated animals. I believe that any person properly skilled in diagnosis, who has had a varied experience in the care and treatment of these creatures, can recall some dog, cat, rabbit, or mouse thus afflicted. On a few occasions I have been consulted by a veterinarian with regard to the treatment of a skin disease in the case of a horse, which he had found more than ordinarily difficult. He was discouraged, and naturally, too, for his patient was suffering from favus.

In the September number of the Journal of Cutaneous and Genito-



Urinary Diseases, of 1894, there appeared a digest of fifty-two cases of this disease occurring upon the body, by Dr. Cantrell and Dr. Stout. The cases were carefully described and the article was exhaustive. In eight of these the lesions were extensive, and to this class the following case rightfully belongs. Moreover, I believe it to be one of the severest instances of favus ever recorded. The name of the patient represented in the accompanying illustration is Valentine Vogt, aged twelve years, a native of Buffalo, where he still resides, having always lived in the house where he was born. He is apparently muscular and well nourished, yet his facial expression indicates a condition little short of actual imbecility—a condition mentally dull and slow, largely due, perhaps, to the omission of schooling and discipline. His general appearance, too, reveals a filthy condition in consequence of habitual and persistent neglect.

The first manifestation of the disease, as afforded by the history of this patient, dates back to the time when the unfortunate boy was but two years old. Masses of thickened crusts of a grayish color, and brittle to the touch, superimposed nearly the entire scalp, and just outside of the periphery of this scaly and mortar-plated canopy appeared an occasional yellow incrustation of a circular outline with a depressed center. Pediculi actually swarmed in the matted hair, to which nits were plentifully attached. In places where this crust had become detached the scalp was inflamed and ulcerated or excoriated from vigorous scratching, with the oozing of a bloody serum. Eight irregular bald patches, varying in size from two to twelve centimetres, were easily detected in which the glands and hair follicles had been destroyed, the result of a former invasion. The post-cervical glands were swollen and painful. The head emitted the peculiarly disagreeable odor which characterizes the disease. The whole head was a loathsome vitalized mass.

Anteriorly upon the body, involving mostly the chest, abdomen, and upper portion of the thighs, there existed thirty-eight masses of crusts of all shapes and sizes, grouped and single, with a variation in diameters of one to twelve centimetres. There were also visible twenty-seven well-marked zones of skin which were red, rough, and scaly, pointing out unmistakably localities where the disease once fully flourished, now laid bare by the removal of the crusts, accidentally or otherwise.

Besides these there were conspicuously present numerous parchmentlike scars, the result of atrophic changes and permanent altera-

tions of the skin undoubtedly due to the previous existence of masses of crusts upon these altered spots of the integument.

The entire surface of the circumference of the legs and lower sections of the thighs to the ankles was at one time or another apparently involved, as shown by the presence of scars and rough and inflamed zones. One third of the exterior was covered by a mass of confluent crusts that were dirty, disintegrated, and crumbly. However, the features of the crusts were not as characteristically portrayed as they were on other parts of the body.

Ostensibly there were no crusts on the arms, anteriorly, except one of a mean diameter of about six centimetres which was seated over the biceps, yet history discloses the fact that these surfaces were at one time as universally afflicted as the posterior surfaces are at present, and that it was in this locality that the disease first manifested itself upon the body, which was confirmed by the remains of cicatrices and the prevalence of an efflorescence and scurviness. Of the nails, the little finger of the right hand was the only one afflicted, showing clearly a deposit of fungus beneath it, which was characteristically round and of a beautiful yellow tint. This deposit was evidently of recent origin.

The extensor surfaces were more markedly involved than the flexors. On the right arm, from a point corresponding to the head of the humerus to one opposite the olecranon, almost the whole surface was concealed by a continuous mass of friable crusts measuring twenty-five centimetres in length and varying from five to eight centimetres in width. Upon the forearm there were five distinct crusts with a cross measurement of two to three and a half centimetres. Upon the left arm the lesions were nearly as extensive. Seated over the deltoid, corresponding to the head of the humerus, was a caked mass of crusts having a diameter of about six centimetres. Just below was a similar formation with a measurement not quite as great. In front of these, located well toward the side of the arm, were two parallel lesions having a length of about eight centimetres and a width of nearly three centimetres. Just above the elbow joint was an irregular mass containing some quite characteristic cups. The patch was about eight centimetres in length and four centimetres in width.

The left forearm, like the right, exhibited five lesions with well-marked features. They were single, circular, and measured one centimetre across. Over the trapezius, near its insertion in the acromion and spine of the scapula, the lesion was like the others, a coalescing of crusts, its size being approximately eight to nine centimetres. Ex-



tending from this toward the vertebral column was a large, scaly, erythematous area, in size from twelve to eighteen centimetres, which con-

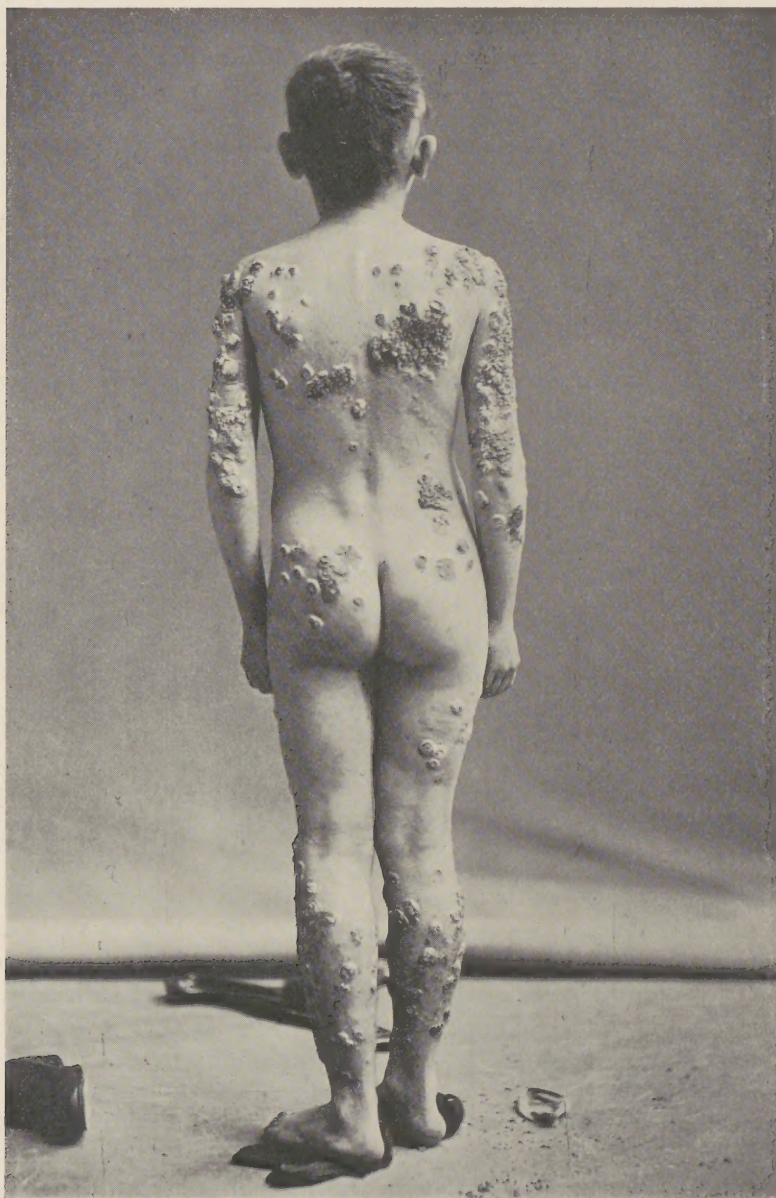


FIG. 1.



tained several small crusts, and just below this erythematous spot, and to the right of the spinous processes, was found a mass of crusts eight by eleven centimetres and of considerable thickness. (Fig. 1.)

In the right lumbar region was a triangular-shaped mass of crusts of four and a half to five and a half centimetres across, and below this five smaller ones, ranging from one to thirty centimetres, more or

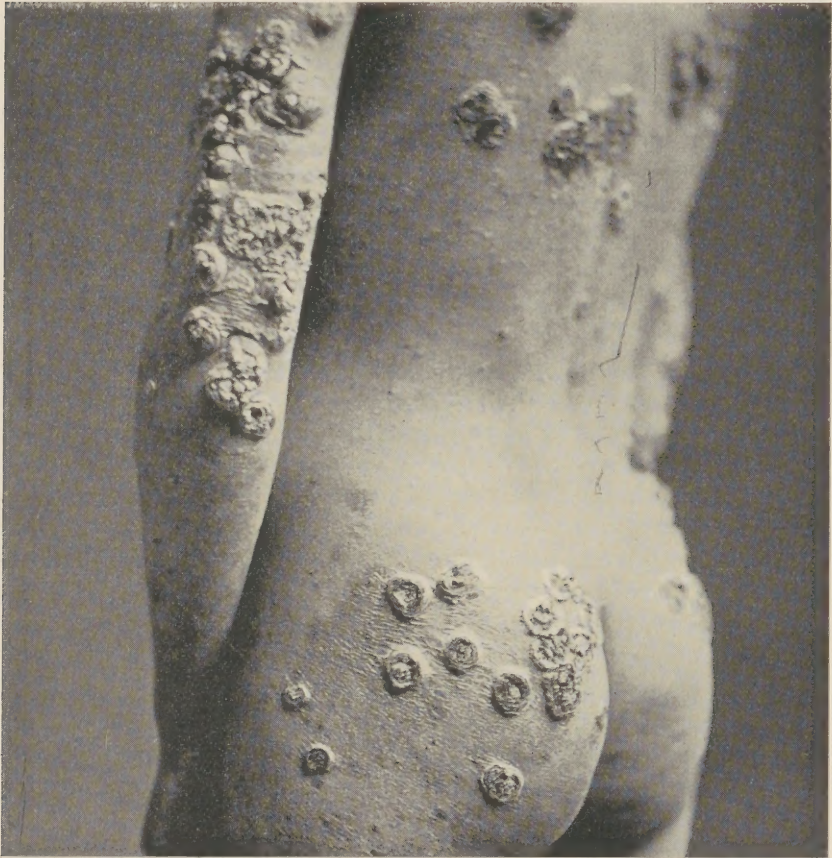


FIG. 2.

less disseminated, and farther down, upon the buttocks, were three very small manifestations, not visible in the illustration, while posteriorly upon the thigh were ten saucer-shaped crusts more or less scattered, the smallest of which was about one centimetre in diameter and the largest two centimetres. Upon the left side of the back, over the scapula, were seated twelve more or less isolated crusts from

one to two centimetres in diameter. Below the angle of the scapula, in the direction of the vertebral column, was a group of five lesions, the largest measuring four by seven centimetres, and the smallest about one centimetre. In the gluteal region, located upon an erythematous and scurvy background, were eighteen scutula, of which nine were arranged in a group and nine were diffused. The latter were most characteristic, being of a beautiful yellow color, well formed, shapely, symmetrical, and magnificently round in outline, with elevated border and a central umbilication, as portrayed in illustration No. 2. Their mean diameter was about two centimetres.

Upon the thigh, posteriorly, in an extension of the erythematous patch just mentioned, were three more saucer-shaped crusts, measuring two centimetres in diameter. The total number of scaly and irregular, and likewise erythematous manifestations observed upon the skin of my patient, which were hidden at different times by extensive masses of crusts formed by the coalescing of the favic cups, were fifty-three, of which twenty-six were situated upon the flexor surfaces.

In every instance, upon submitting any of these dry and friable crusts taken from any portion of the body to microscopic examination, they were seen to consist of an admixture of epithelium, pus cells, fat globules, and various *débris* amid which was found that profuse and luxuriant growth, the *Achorion Schönleinii*, composed of an enormous quantity of mycelium, curved, unequally segmented, and at times branched; also an endless number of spores, many free and others joined end to end like strings of beads. These myriads of thin, flat bands, pale gray in color, now and then tinged with green, were branching and inosculating with one another in every direction. Some appeared empty and of simple structure; some were granular, presenting turbid contents; some were constricted, producing a chain of conidia, while others, in a state of fructification, seemed to separate into numerous compartments containing nuclei, thus forming sporophores.

The sporules, generally greenish in color, were in abundance around the meshes of the parent plant, and were small, round, oval, flask or dumb-bell shaped bodies varying in size from six to eight micromillimetres.



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